



## Arkansas Department of Community Correction

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### **ADMINISTRATIVE DIRECTIVE: 10-01 FURLOUGH PROGRAM**

**TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES**

**FROM: G. DAVID GUNTARP, DIRECTOR**

**SUPERSEDES: AD 08-10**

**PAGE 1**

**APPROVED: Signature on File**

**EFFECTIVE: February 26, 2010**

**I. APPLICABILITY.** This policy applies to all Department of Community Correction employees and eligible residents and their sponsors.

**II. POLICY.** The DCC will provide for temporary supervised furlough of Community Correction Center residents for certain emergencies and authorized community transition activities. DCC will administer furloughs in a way that guards against illegal activity in the community.

### **III. DEFINITIONS.**

- A. Close Supervision.** The active and diligent monitoring of the movements and activities of a resident so that the sponsor is able to correctly report the whereabouts of the resident at any time.
- B. Community Transition Furlough.** A temporary, supervised community visit for up to 48 hours to allow a resident to perform certain approved transitional activities in the community.
- C. Community Transition Plan.** A document that identifies reintegration goals and authorized community activities in which a resident may engage before final release from the Community Correction Center.
- D. Continuous Supervision.** A heightened level of monitoring requiring that the sponsor be continually in the company of a furloughed resident.
- E. Critical Illness/Injury.** An illness/injury from which an individual may not survive under normal circumstances and/or from which death is imminent within a matter of days.

- F. Emergency Furlough.** A furlough granted due to the critical illness/injury, death, and/or funeral of a resident's immediate family member.
- G. Furlough.** The authorized temporary release of a resident from a Community Correction Center.
- H. Immediate Family.** The father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandparent, grandchild, aunt, uncle, mother-in-law, father-in-law of a resident, or other person whose relationship with the resident has been verified as that of a guardian.
- I. Sponsor.** A responsible individual approved by the Center Supervisor to supervise a resident according to the terms of the furlough.

#### **IV. GUIDELINES.**

- A. Duration, Quantity, and Authority to Approve Furloughs.** Only a Center Supervisor, his/her supervisor, or the Director is authorized to approve furloughs not to exceed duration of 36 hours for emergencies and 48 hours for community transition activities. Community Transition furloughs are limited to 2 per eligible resident per month for a total of no more than six.
- B. Eligibility Criteria.** To be eligible for a furlough, in the judgment of the Center Supervisor, the resident must
1. Constitute no security risk
  2. Be capable of abiding by the terms and conditions of a furlough
  3. Not be endangered, or endanger another, by such a release
  4. Have met the DNA sample requirements, if applicable
  5. Not have violated the terms of a furlough during the current confinement period,
  6. Not have any outstanding felony detainers or warrants, and
  7. If seeking an emergency furlough, have a verifiable critical illness/injury and/or death in his or her immediate family, or
  8. If seeking community transition furlough
    - a. Must NOT have an active victim notification requirement.
    - a. Have been admitted to the CCC through judicial transfer. Residents involved in Technical Violator Program are not eligible for a community transition furlough.
    - b. Have an approved Community Transition Plan
    - c. Successfully completed at least six (6) months of the MTC program with no cardinal rule convictions within sixty (60) days of submission of the community transition plan, and
    - d. Have advanced through more responsible jobs in the MTC.
- C. Sponsors.**
1. Sponsor candidates other than Arkansas certified law enforcement officers must submit to an investigation and be free of a felony conviction, free of a Class A misdemeanor conviction, and collateral contacts reveal no reason to question suitability. However, sentences discharged for at least two years may be considered on a case-by-case basis.

Only verification of Law Enforcement status is required for law enforcement officer. A sponsor's approved status will expire one year from approval and is renewable through the same process by which the sponsor was initially approved. DCC employees may not recruit or serve as furlough sponsors.

2. Sponsors are responsible for the following:
  - a. Provide transportation of the resident to and from the CCC and provide lodging unless the resident is to return to the center on the same day
  - b. Continuously supervise residents on emergency furlough; or closely supervise residents on community transition furlough from 6:00 a.m. or 6:00 p.m. and continuously supervise them from 6:00 p.m. until 6:00 a.m.
  - c. Enforce the furlough conditions
  - d. Immediately report observation of any illegal activity or violation of furlough conditions and return the resident if instructed
  - e. Return resident to the center in accordance with the agreement or specific direction
  - f. If returning to the Center later than agreed, provide the Center Supervisor prior notification if possible.

**D. Terms/Conditions of Furlough.** In addition to the furlough requirements discussed elsewhere in this policy, the resident will agree to comply with the following furlough term/conditions:

1. Abide by the rules, policies, and regulations of the Department of Community Correction
2. Assume responsibility for costs incurred while on furlough
3. Keep a copy of the Furlough Certificate on his or her person at all times while on furlough
4. Remain at the location designated on the approved furlough and in accord with hours specified
5. Remain in the State of Arkansas
6. Abstain from use or possession of alcoholic beverages or illegal drugs
7. Remain in the counties to which released
8. Not operate a motor vehicle of any kind unless testing to obtain a driver's license
9. Comply with federal, State, county, and municipal laws
10. Refrain from knowingly associating with persons having a criminal record, bad reputation, with those engaged in questionable occupations unless such association is unavoidable because such persons are also present at an approved event
11. Notify the Center prior to changing marital status.

**E. Certificate of Furlough.** The furloughed resident will be given a properly prepared and signed certificate authorizing his or her furlough. The resident must show the certificate to any law enforcement official who requests to see it and keep it in his or her possession until return from furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms and any conditions of the furlough.

## **F. Violations.**

1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with DCC rules and regulation on resident conduct. Violation(s) shall result in immediate termination of the furlough and return to the Center. The resident shall not be eligible for furlough, for any reason, for the duration of his or her DCC confinement.
2. A resident who absconds from a furlough, or returns to the Center more than three hours after the appointed time without properly reporting his or her whereabouts, shall be deemed to have escaped from the Center and dealt with accordingly.

**G. Costs.** The DCC will not assume any costs associated with furloughs such as for transportation, food, housing, any medical or other costs. Such expenses shall be the responsibility of the resident.

## **V. PROCEDURES.**

**A. Application for Emergency Furlough.** To apply for an emergency furlough, the resident must do the following:

1. Complete the “Applicant” portion of Form 1, “Furlough Application;”
2. Have the proposed sponsor complete the “Sponsor” portion of the same application and return it to the resident’s counselor. If there is insufficient time for the application to be mailed to the sponsor, the counselor may obtain the required information from the sponsor by phone. *If the resident is in a Technical Violator Program, or there is a victim notification requirement for the resident,* the sponsor *shall* be a law enforcement officer and the resident must be continuously supervised while in their custody for the entire duration of the furlough; and
3. Submit the completed application to the counselor as soon as possible after learning of the emergency.

**B. Application for Community Transition Furlough.** To apply for a community transition furlough, the resident must meet the requirements described in the “Community Transition Program” policy and complete the “Applicant” portion of the Furlough Application. Attach the approved Community Transition Plan and sponsor approval form and submit them to the counselor at least 5 working days before the furlough is to begin.

**C. Investigation.** The counselor will coordinate the concurrent investigation of the resident and his or her sponsor and provide the results to the Center Supervisor. If, at any point in the investigation, it is the counselor’s opinion that the furlough should not be approved, he or she will document relevant information on the application and provide it to the Resident Management Team. If the Resident Management Team concurs, it will be forwarded to the Center Supervisor with a recommendation to deny and investigative activities will cease.

1. Resident. The Counselor will forward a copy of the resident's furlough application to the Senior Residential Supervisor and Treatment Coordinator who will assess whether the resident meets the eligibility criteria. If the resident is required but has not provided a DNA sample, the counselor will refer the resident to the Residential Supervisor who will proceed according to the policy on DNA Sample Collection.
2. Sponsor for a Community Transition Furlough Request. A Community Transition Sponsor will have been investigated at the time the Community Transition Plan was approved (approximately 30 days before the furlough) and will not be investigated again unless disqualifying factors are discovered after approval.
3. Sponsor for an Emergency Furlough Request. Immediately upon receipt of an emergency furlough application, the Counselor will forward a copy of the application to the appropriate staff to perform the following:
  - a. conduct an ACIC/NCIC check on the sponsor for a criminal history and record the findings on the application.
  - b. make collateral contacts to determine the sponsor's suitability and record the findings on the application.
  - c. check to see whether there is a victim notification requirement for the resident, if so ensure that the sponsor is a certified law enforcement officer.
4. Notification of Law Enforcement. No later than 48 hours before the furlough is to begin, or as soon as possible in the case of an emergency, designated staff must perform the following:
  - a. Notify the appropriate Parole/Probation Services Area Office, county sheriff, and/or chief of police of the city to which the resident is being furloughed. The notice will include the resident's name, home address, sponsor's name, address, and phone number, and the address and phone number at which the resident will be staying overnight, and, for emergency furloughs, the nature of the emergency.
  - b. Confirm any family emergency through local law enforcement or by other credible means.
  - c. Document the notifications, record any comments or requests on the Furlough Application and return the form to the counselor.

**D. Approval of Furlough.** Considering the investigation results, comments, recommendations, and input (if any) from the Resident Management Team and local law enforcement, the Center Supervisor will approve, approve with additional stipulations, or deny the furlough request and return the decision to the resident's counselor. The counselor will inform the resident of the decision.

**E. Certificate of Furlough.** The Treatment Coordinator will prepare and sign the Certificate of Furlough (Form 2) and obtain the signatures of the Duty Officer, the approved sponsor, and the resident. With proper identification the sponsor's signature may be obtained when the sponsor picks the resident up from the Center. If the resident is unable to read the Certificate of Furlough, or so requests, the Treatment Coordinator will read it to the resident.

**F. Monitoring and Security.** (4-ACRS-2A-11[P])

1. A designated CCC staff will contact the resident by phone at least once between the hours of 10:00 p.m. and 6:00 a.m. at the phone number shown on the Certificate of Furlough.
2. Residents will undergo urinalysis testing for controlled substances within 24 hours before and after a furlough and will be searched for contraband when returning to the Center.

**G. Training.** Supervisors must ensure appropriate staff is trained on this policy prior to implementation. Also, the Center Supervisor must ensure that a program explanation is provided to residents during orientation.

**VI. FORMS.**

AD 10-01 Form 1 a & b Furlough Application  
AD 10-01 Form 2 Certificate of Furlough

**Community Correction Center  
FURLOUGH APPLICATION**

Date: \_\_\_\_\_

**APPLICANT:**

I, \_\_\_\_\_ Resident # \_\_\_\_\_ Request to leave the: \_\_\_\_\_  
(Resident's Name) (Name of CCC)

at \_\_\_\_\_ ☐ a.m. ☐ p.m. on \_\_\_\_\_ until \_\_\_\_\_  
(Time) (Date)  
\_\_\_\_\_ ☐ a.m. ☐ p.m. on \_\_\_\_\_ so that I may (choose one of the following four reasons):  
(Time) (Date)

☐ Visit critically ill/injured relative or  
☐ Attend the funeral of the immediate family member named below:  
\_\_\_\_\_  
( Family member's name) ( Relationship) (Street address) (Town, State) (Zip Code)

\_\_\_\_\_  
(Telephone number) (Date Request submitted)

\_\_\_\_\_  
(Submitted to) (Date of last furlough)

- ☐ Participate in community transition activities and return to the CCC by 6:00 P. M. (I have attached my approved Community Transition Plan and Sponsor Investigation/Approval.)  
☐ Participate in community transition activities and stay overnight with sponsor at the address shown below. (I have attached my approved Community Transition Plan and Sponsor Investigation/Approval.)

**SPONSOR:**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Printed Name) (Street address) (Town, State) (Zip Code)

\_\_\_\_\_  
(Telephone Number) (Social Security Number)

Agree to ☐ *Continuously* supervise the resident OR  
☐ *Closely* supervise the resident from 6:00 a.m. to 6:00 p.m. and *continuously* supervise the resident from 6:00 p.m. to 6:00 a.m.

I ☐ am not ☐ am an Arkansas Certified Law Enforcement officer at:

I agree to make every effort to ensure that the resident abides by the furlough conditions and returns to the Center at or before the date and time specified. If returning later than agreed, I will provide the Center prior notice. If, at any time, I am uncertain of the location of the resident's whereabouts or observe the resident engaging in illegal activity, I will notify the Center Supervisor immediately. I understand that for the purposes of this furlough, *close supervision* means the active and diligent monitoring of the movements and activities of a resident so that I am able to correctly report the whereabouts of the resident at any time; and *continuous supervision* means being continually in the company of the resident. I also understand that by agreeing to be the sponsor, I am also accepting the responsibility to provide for the resident's transportation to and from the Community Correction Center.

The resident will lodge with me ☐ At my residence shown above or ☐ At the following address:

\_\_\_\_\_  
(Street Address) (Town) (Zip Code) (Telephone Number)

\_\_\_\_\_  
(Signature of Proposed Sponsor) (Date)

AD 10-01 Form 1a

## RECOMMENDATIONS

☐ The resident constitutes no known security risk, is capable of abiding by the terms and conditions of a furlough and, to the best of my knowledge, there is no evidence that he/she will be endangered nor endanger another.

☐ Does not meet the following criteria: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Senior Residential Supervisor)

\_\_\_\_\_  
(Date)

☐ The resident constitutes no known security risk, is capable of abiding by the terms and conditions of a furlough and, to the best of my knowledge, there is no evidence that he/she will be endangered nor endanger another.

☐ Does not meet the following criteria: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Treatment Coordinator)

\_\_\_\_\_  
(Date)

The resident is being referred to the residential supervisor on (Date): \_\_\_\_\_ to provide a DNA sample

☐ No DNA sample required ☐ DNA sample obtained. \_\_\_\_\_

\_\_\_\_\_  
(Signature/Date of staff checking DNA status)

## INVESTIGATION AND NOTIFICATION

No background check is needed because ☐ Sponsor is Arkansas certified law enforcement officer OR

☐ Sponsor was approved for community transition furlough on \_\_\_\_\_

\_\_\_\_\_  
(Date)

*If one of the above is checked, skip to "death/critical illness/injury verified"*

ACIC/NCIC check conducted on \_\_\_\_\_ by \_\_\_\_\_ revealed the following:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of staff doing check)

OR

Collateral contacts done on \_\_\_\_\_ by \_\_\_\_\_ revealed the following:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Sig. of staff making contacts)

☐ Collateral of contacts were not necessary because: \_\_\_\_\_

Death/critical illness/injury verified: ☐ Yes ☐ No ☐ n/a by: \_\_\_\_\_

\_\_\_\_\_  
(Name of staff making verification)

Victim notification required? ☐ Yes ☐ No Checked by: \_\_\_\_\_

\_\_\_\_\_  
(Name of staff making verification)

Note, If victim notification is required for an emergency furlough, the resident must have a law enforcement sponsor. Residents CANNOT go on a Community Transition furlough if victim notification is required.

Local law enforcement notified by: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature Person Notifying)

\_\_\_\_\_  
(Name of County Agency Notified)

\_\_\_\_\_  
(Person Notified)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Name of City Agency Notified)

\_\_\_\_\_  
(Person Notified)

\_\_\_\_\_  
(Telephone Number)

Law enforcement comments: \_\_\_\_\_

## CENTER SUPERVISOR APPROVAL/DENIAL OF FURLOUGH

☐ Approved ☐ Approved with the additional stipulations shown below ☐ Denied

Additional stipulations: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Center Supervisor)

\_\_\_\_\_  
(Date)

AD 10-01 Form 1b



**Arkansas Department of Community Correction**  
**CERTIFICATE OF FURLOUGH**

I, \_\_\_\_\_ am under the jurisdiction and custody of the Community Correction Center at  
(Resident's Name) (Resident #)

Telephone#: \_\_\_\_\_ I have been granted \_\_\_\_\_  
(Location of Community Correction Center) ( Number of days)

days furlough beginning at (Time): \_\_\_\_\_ ☐ a.m. ☐ p.m. On (Date): \_\_\_\_\_  
ending at (Time): \_\_\_\_\_ ☐ a.m. ☐ p.m. On (Date): \_\_\_\_\_

for the purpose of: ☐ A family emergency ☐ Community transition activities

The specific activities authorized by this furlough are to: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name Sponsor's Relationship Sponsor's Telephone

\_\_\_\_\_  
Sponsor's Address (City) (State/Zip Code)

\_\_\_\_\_  
Approved Address for Overnight Stay ( if different from above address) City State/Zip Code

I agree to abide by the following conditions under which my furlough is authorized:

1. I will keep a copy of this Certificate of Furlough on my person at all times.
2. I will not leave the State or the country (ies) to which I am released during the furlough. I will proceed directly from my authorized designated area to the center from which I was released and will arrive at or before the time indicated above.
3. I will abide by my curfew which requires me to remain at the location designated above and available to answer one or more confirmation calls between 10:00 p.m. and 6:00 a.m.
4. If I am arrested or questioned by law enforcement officers regarding any crime or suspected crime, I will immediately get in touch with \_\_\_\_\_ (Name of Center Staff) at the Community Correction Center phone number shown above.
5. I will not purchase, possess, use, consume, or administer any narcotic drugs, marijuana, or alcoholic beverages of any kind.
6. I will not operate a motor vehicle of any kind unless testing to obtain a driver's license.
7. I will comply with Federal, State, County, and municipal laws.
8. I will not knowingly associate with persons having a criminal record, bad reputation, or with those engaged in questionable occupations unless such association is unavoidable because such persons are also present at an approved event.
9. I am aware that I cannot change my marital status without prior notification to the Center.
10. If I require medical attention while on furlough, I will immediately contact the unit/center staff person designated below. Upon returning to the Center, I will deliver to the Center Supervisor a doctor's statement describing medical treatment and/or any drug therapy received. Costs incurred as a result of such treatment shall be my responsibility and not that of the Department of Community Correction.
11. I will assume responsibility for costs incurred while on furlough.
12. While on furlough, I will not try to abscond or evade supervision.
13. While on community transition furlough, I will keep my sponsor informed of my whereabouts at all times, engage only in activities authorized by my Community Transition Plan and my sponsor, and remain in the continuous supervision of my sponsor between 6:00 p.m. and 6:00 a.m.
14. Special terms set by the Center Supervisor: \_\_\_\_\_

I understand that my furlough only extends the limits of my confinement, and that I remain in the custody of the Arkansas Department of Community Correction. If I willingly fail to remain within the extended limits of this confinement, or fail to return to the Center within the time prescribed, I shall be deemed an escapee from the custody of the Department of Community Correction punishable as prescribed by law. I have read, or have had read to me, and understand the above conditions governing my furlough and will abide by all rules.

In agreeing to be a Sponsor, I will supervise the resident during this furlough as provided for herein and in the furlough application.

\_\_\_\_\_  
Signature of Duty Officer Date Signature of Treatment Coordinator Date

\_\_\_\_\_  
Signature of Resident Date Signature of Sponsor Date